

What Do Managed Care Plans Look Like?

Use this information to assess plan financial stability.

Plan Name	Statewide Market Share 1999	National Accreditation for 1999	Administrative Expense Rating [†] 1997-1998	Complaint Index Rating [†] 1997-1999
Aetna US Healthcare	0.4%	none	●	○
Blue-Advantage	2.9%	NCQA & URAC	●	●
Blue-Care	2.1%	NCQA & URAC	●	●
BlueChoice/Health Net Blue POS	8.9%	NCQA & URAC	●	○
CIGNA HealthCare of KS/MO	0.4%	none	○	○
CIGNA HealthCare of St. L	0.4%	NCQA	○	○
Community Health Plan	2.5%	none	●	○
Coventry Health Plan of KS	2.6%	NCQA	●	○
Cox-Freeman Health Plans	1.4%	none	●	○
FirstGuard Health Plan	0.3%	none	●	●
Group Health Plan	10.6%	none	●	○
Health Partners of the Midwest	5.4%	none	●	●
HealthLink	2.2%	URAC	●	○
HealthNet	2.5%	none	●	●
Humana Health Plan	2.6%	none	●	○
Humana Kansas City	2.3%	NCQA	●	●
Kaiser Permanente	3.2%	NCQA	●	●
Mercy/Premier Health Plans of MO	8.8%	none	●	●
Prudential Health Care Plan-KS/St.L	6.2%	NCQA	●	○
United Health Care (all MO)	32.9%	URAC & JCAHO	●	●

[†]This is a company-wide measure.

● High ○ Average ○ Low

This shows the percentage of the State's managed care plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the plan's ability to meet the varied health care needs of its members.

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

This measure, which indicates efficiency, is the percentage of total income used for administrative overhead. Plans with administrative expenses less than 16% are shown as high performance, those at 26% or more are rated as low performers.

The complaint index looks at the number of consumer complaints the Department of Insurance received in the past three years relative to the amount of business that a company wrote in Missouri and compares this to the industry average. Plans at less than 50% of industry average are shown as high performance; more than 100% of industry average is considered low performance.

Visit the
Department of Health
Managed Care Website at:
www.health.state.mo.us/Publications/mcwelcome.html

Choosing a Managed Care Health Plan

Choosing a managed care plan can be complex and difficult. This 2000 Consumer's Guide helps you compare the quality of health care and member satisfaction among the commercial managed care plans in Missouri.

Use this guide along with any coverage information your employer provides to help select the right plan for you or your family.

Follow these steps to assist you in choosing a health plan:

- ◆ Use the comparison indicators in this brochure only in combination. No one indicator is a sole direct measure of a health plan's performance.
- ◆ Talk to your doctor, family and friends about their experiences with managed care.
- ◆ Visit the Department of Health Managed Care Website to view our Consumer's Guide booklet for 24 pages of detailed managed care information.
- ◆ Come up with your own questions and call your plan choices for answers using the phone numbers provided.
- ◆ Draw on all information to evaluate your managed care options. Make the choice that best suits your need.

Member Services Telephone Numbers

Managed Care Plan	Customer Service	RN Hotline
Aetna US Healthcare	888-834-2751	800-556-1555
Blue-Advantage	816-395-3558	
Blue-Care	816-395-3558	
BlueChoice	314-923-7700	
CIGNA HealthCare of KS/MO [†]	800-832-3211	800-832-3211
CIGNA HealthCare of St. Louis [†]	800-541-7526	800-541-7526
Community Health Plan	800-990-9247	800-455-2476
Coventry HealthCare KS	800-969-3343	800-622-9528
Cox-Freeman Health Plans	800-205-7665	
FirstGuard Health Plan	888-828-5698	888-427-2286
Group Health Plan [†]	800-755-3901	800-580-9733
Health Net Blue POS	314-923-7700	
Health Partners of the Midwest	800-338-4123	800-741-1497
HealthLink	800-624-2356	
HealthNet	816-460-4655	813-671-8730
Humana Health Plan [†]	800-448-6262	800-622-9529
Humana Kansas City [†]	800-448-6262	800-622-9529
Kaiser Permanente [†]	800-726-5247	800-870-5711
Mercy Health Plans of MO	314-214-8196	800-811-1187
Premier Health Plans	800-836-0402	
Prudential Health Care Plans-KS/MO	800-441-5588	
Prudential Health Care Plans-St. Louis	800-298-7625	
UnitedHealthcare (Kansas City) [†]	888-436-2667	888-842-4224
UnitedHealthcare (MO except KC) [†]	800-627-0607	800-645-9688

[†] Not all products offer RN hotlines. Contact your plan to determine availability.

For further information about this Consumer's Guide, contact:
Health Care Performance Monitoring Bureau, Missouri Dept. of Health P.O. Box 570, Jefferson City, MO 65102-0570 (573) 526-2812

Missouri Department of
HEALTH
Maureen E. Dempsey, M.D. – Director

The Missouri Department of Health has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 1999. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Center for Health Information Management and Evaluation, Missouri Department of Health, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 526-2812. A companion technical report, containing the data and statistical formulas used, is also available for \$10. The Missouri Department of Health is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities. [Publication Number 21.10] Printed on recycled paper
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Websites

The following websites may be useful:

Missouri Department of Health:
www.health.state.mo.us
National Committee for Quality Assurance/NCQA:
www.ncqa.org
American Accreditation Healthcare Commission/URAC:
www.urac.org
Joint Commission on Accreditation of Healthcare Organizations/JCAHO:
www.jcaho.org
American Medical Association:
www.ama-assn.org
American Osteopathic Association:
www.aoa-net.org
Agency for Healthcare Research & Quality:
www.ahrq.gov
Managed Care Central:
www.familiesusa.org/managedcare
American Association of Health Plans:
www.aahp.org
Health and Human Services-U.S. Government:
www.healthfinder.gov
National Health Information Center
nhic-nt.health.org



2000
Consumer's
Guide
Commercial
Managed Care
in Missouri

Missouri Department of
HEALTH

How Well Do Commercial Managed Care Plans Perform?

Use this information to assess the quality of health care and health services of your managed care options.

Plan	Quality of Care						Reminders	Access to Care				Member Satisfaction						Plan									
	Childhood Immunizations	Adolescent Immunizations	Breast Cancer Screening	Beta Blocker After Heart Attack	Anti-depression Medication Follow-up	Diabetic Retinal Eye Exam		OB/GYN without Referral	No Prior Plan Authorization for Specialist	Birth Control Pill Coverage	Pre/Post Surgery Information	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service	Claims Processing	Overall Rating of Care Received	Overall Rating of Health Plan								
Aetna US Healthcare	N/A	N/A	N/A	N/A	N/A	●	M P I D	all	all	some	none	○	●	●	●	●	●	●	●	Aetna US Healthcare							
Blue-Advantage	○	○	●	●	○	○	M P I D	all	none	some	all	○	○	○	○	○	○	○	○	Blue-Advantage							
Blue-Care	○	○	●	●	●	●	M P I D	all	all	some	all	●	●	●	●	●	●	●	●	Blue-Care							
BlueChoice	●	○	●	●	●	●	M P I D	all	none	all	none	●	●	●	●	●	●	●	●	BlueChoice							
CIGNA HealthCare of KS/MO	●	○	●	●	●	●	M P I D	all	none	some	none	○	●	●	●	●	●	●	●	CIGNA HealthCare of KS/MO							
CIGNA HealthCare of St. L	●	○	●	●	●	●	M P I D	all	none	some	none	●	●	●	●	●	●	●	●	CIGNA HealthCare of St. L							
Community Health Plan	●	○	○	●	●	●	none	all	some	all	none	●	●	●	●	●	●	●	●	Community Health Plan							
Coventry Health Care of KS	●	○	●	N/A	●	●	M P I D	all	some	all	none	●	●	●	●	●	●	●	●	Coventry Health Care of KS							
Cox-Freeman Health Plans	○	○	●	N/A	●	●	none	all	all	all	none	●	●	●	●	●	●	●	●	Cox-Freeman Health Plans							
FirstGuard Health Plan	N/A	N/A	N/A	N/A	N/A	●	M I	some	some	all	none	●	●	●	●	●	●	●	●	FirstGuard Health Plan							
Group Health Plan	●	○	●	●	●	●	M P I D	none	some	some	all	●	●	●	●	●	●	●	●	Group Health Plan							
Health Net Blue POS	NR	NR	●	N/A	○	●	M P I D	all	none	all	none	●	●	●	●	●	●	●	●	Health Net Blue POS							
Health Partners of the Midwest	●	○	●	●	●	NR	M P I	some	some	some	none	●	●	●	●	●	●	●	●	Health Partners of the Midwest							
HealthLink	N/A	○	●	●	NR	●	none	all	some	all	none	●	●	●	●	●	●	●	●	HealthLink							
HealthNet	●	○	●	N/A	●	●	none	none	some	all	none	●	●	●	●	●	●	●	●	HealthNet							
Humana Health Plan	○	○	●	N/A	N/A	○	M P I D	all	all	some	all	●	●	●	●	●	●	●	●	Humana Health Plan							
Humana Kansas City	●	○	●	●	●	N/A	M P I D	all	all	some	all	●	●	●	●	●	●	●	●	Humana Kansas City							
Kaiser Permanente	●	○	●	●	●	●	M P I D	all	some	all	all	●	●	●	●	●	●	●	●	Kaiser Permanente							
Mercy Health Plans of Missouri	○	○	●	●	●	●	M P I D	none	none	some	all	●	●	●	●	●	●	●	●	Mercy Health Plans of Missouri							
Premier Health Plans	○	○	●	●	●	●	none	none	some	none	●	●	●	●	●	●	●	●	●	Premier Health Plans							
Prudential Health Care Plan - KC	●	○	●	●	●	●	M P I D	all	all	some	none	○	●	●	●	●	●	●	●	Prudential Health Care Plan - KC							
Prudential Health Care Plan - St. L	●	○	●	●	●	●	M P I D	all	all	some	none	●	●	●	●	●	●	●	●	Prudential Health Care Plan - St. L							
UnitedHealthcare (Kansas City)	○	○	●	●	●	●	M P I	some	some	some	all	●	●	●	●	●	●	●	●	UnitedHealthcare (Kansas City)							
UnitedHealthcare (MO except KC)	○	○	●	●	●	●	M P I D	some	some	some	all	●	●	●	●	●	●	●	●	UnitedHealthcare (MO except KC)							
Statewide Averages	50%	15%	72%	78%	18%	41%						75%	80%	90%	91%	63%	80%	71%	57%	Statewide Averages							
<p>The percentages for all quality of care measures were calculated by each plan and most were then scored against the statewide average of all managed care plans. For immunization measures, performance standards were used, instead. High indicates 70% or more of members received immunizations; less than 50% means improvement is needed.</p>		<p>% of 2 year olds or 13 year olds who received all their age appropriate shots except for chicken pox.</p>		<p>% of women (52-69) having mammograms during the past two years.</p>		<p>% of members (35 or older) surviving a heart attack and prescribed a beta blocker.</p>		<p>% of adult members on medication for a new episode of depression and having at least 3 follow-up visits.</p>		<p>% of diabetics having a retinal eye exam in the past year.</p>		<p>Reminder calls or letters were provided to plan members as indicated above for the listed services.</p>		<p>Did all, some or none of the plan's products allow access to: ● OB/GYNs other than the once per year visit without a referral? ● in-network specialists (non-OB/GYNs) without prior authorization?</p>		<p>Did all, some or none of the plan's products: ● offer birth control pill coverage as a benefit to its members? ● distribute pre- and post-surgery information to members?</p>		<p>No problem getting good doctors and nurses, referrals and necessary care. No delay getting advice, routine care, or quick treatment for my illness or injury.</p>		<p>Doctors and nurses listen and explain things clearly; they spend enough time with me. Courteous office staff at doctor's office treat me with respect and are helpful.</p>		<p>No problem with written materials, plan paperwork, claims processing or help from customer service.</p>		<p>Generally, very satisfied with health care received or with my health plan overall.</p>		<p>A sample of the members of each health plan were sent a survey by an independent vendor and asked to report on satisfaction in the areas described. The percentage of satisfied members for each measure was calculated for every plan and scored against the statewide average of all managed care plans.</p>	
<p>Quality of Care Levels</p> <ul style="list-style-type: none"> ● — High ● — Average ○ — Needs Improvement N/A — Numbers too small to report NR — Not reported by plan 		<p>The state target for childhood immunization is 85%. Health plans can improve rates by educating parents on the benefits of immunization and by implementing reminder systems for doctors and parents. Partnerships with local school systems can also increase adolescent immunizations.</p>		<p>Women should consult their doctor to set a schedule for breast cancer screening based on family history and other risk factors. Full screening includes a clinical breast exam and a mammogram.</p>		<p>Beta blocker medications, which reduce blood pressure and help the heart work, are one way of preventing subsequent heart attacks.</p>		<p>Nearly one in ten Americans are affected by depression. Many anti-depression medicines can now control new episodes.</p>		<p>Early detection and treatment can help reduce eye problems and the preventable blindness associated with diabetes.</p>		<p>Reminder calls or letters often result in greater use of services for prevention and early detection of disease.</p>		<p>Mammogram Screening Rates for Plans that: Provide Reminders: 73% No Reminders: 67%</p>		<p>Diabetic Eye Exam Rates for Plans that: Provide Reminders: 44% No Reminders: 34%</p>		<p>Managed care means health plans and physicians work with the patient to avoid unnecessary treatment and costs. When your doctor believes a treatment is needed and right for your condition, you should be able to obtain health plan approval and referrals without problems.</p>		<p>When health care providers listen and talk things over with patients it is easier to correctly diagnose and treat patients' health needs. Considerate clinic personnel also play a role by scheduling timely doctor visits. Difficulties in processing your claims may be an indicator of administrative problems within the plan.</p>		<p>Members usually separate the health care received from providers from services supplied by health plans. However, delivery of quality health care is a partnership between the plans and their network of providers. Health plan satisfaction includes quality of care as well as non-medical issues such as clinic/hospital locations, hours of operation and customer service.</p>		<p>Member Satisfaction Levels</p> <ul style="list-style-type: none"> ● — High ● — Average ○ — Needs Improvement N/A — Numbers too small to report NR — Not reported by plan 			